

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

09/937949

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52				/		
3		2					53				/		
4		2					54				/		
5		2					55				/		
6		0					56				/		
7		0					57				/		
8		0					58				/		
9		0					59				/		
10		0					60				/		
11		0					61				/		
12		0					62				/		
13		0					63		/				
14		0					64				/		
15		0					65				/		
16		/					66				/		
17		/					67				/		
18		0					68				/		
19		0					69				/		
20		0					70				/		
21	/						71				/		
22		/					72				/		
23		/					73				/		
24		/					74				/		
25		0					75				/		
26		0					76				/		
27		0					77				/		
28		0					78				/		
29		0					79		/				
30		0					80				/		
31		0					81				/		
32		0					82				/		
33		0					83				/		
34		0					84				/		
35		0					85				/		
36	/						86						
37		/					87						
38		2					88						
39		0					89						
40		0					90						
41		0					91						
42		0					92						
43			/				93						
44				/			94						
45				/			95						
46				/			96						
47				/			97						
48				/			98						
49				/			99						
50				/			100						
TOTAL IND.	3		3				TOTAL IND.						
TOTAL DEP.	43		39				TOTAL DEP.						
TOTAL CLAIMS	46		42				TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS